

# The beneficial effect of a food supplement based on arabinoxylans obtained from barley on blood sugar levels after eating

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<b>Registration date</b> 22/03/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 18/10/2022	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Several cereals, including barley, contain a soluble fiber in which arabinoxylans (AX) are present. AX have attracted the interest of the medical-scientific community for beneficial activities such as:

1. Increased food bolus (mass of chewed food) viscosity, which reduces sugar and cholesterol absorption
2. Reduction in gastric (stomach) emptying time and increased satiety (fullness)
3. A beneficial effect on the intestinal mucosa (lining), due to the breakdown of these compounds by microorganisms, which releases short-chain fatty acids into the intestines

The aim of this study is to demonstrate that arabinoxylans obtained from barley reduce blood sugar after meals in healthy volunteers.

### Who can participate?

Healthy volunteers aged between 18 and 65 years

### What does the study involve?

Participants are randomly allocated into two groups to take a food supplement containing AX obtained from barley or a placebo (dummy supplement). After a 5-day wash-out period (in which participants take no supplements), the groups swap to the other supplement. Blood sugar and insulin response are measured at the start of the study, after intake of the supplement and after the wash-out period.

### What are the possible benefits and risks of participating?

Participants may benefit from improved blood sugar and insulin response. No adverse events are expected.

### Where is the study run from?

Comegen (Italy)

When is the study starting and how long is it expected to run for?  
January 2021 to February 2022

Who is funding the study?  
HEALLO s.r.l. (Italy)

Who is the main contact?  
1. Prof. Maria Daglia (scientific), maria.daglia@unina.it  
2. Dr. Alessandra Baldi (public), alessandra.baldi.alimenti@gmail.com

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Maria Daglia

**ORCID ID**  
<https://orcid.org/0000-0002-4870-7713>

**Contact details**  
Università degli Studi di Napoli Federico II  
Domenico Montesano street, 49  
Naples  
Italy  
80131  
+39 (0)3331703492  
maria.daglia@unina.it

**Type(s)**  
Public

**Contact name**  
Dr Alessandra Baldi

**Contact details**  
Università degli Studi di Napoli Federico II  
Domenico Montesano street, 49  
Naples  
Italy  
80131  
+39 (0)3483854114  
alessandra.baldi.alimenti@gmail.com

## Additional identifiers

**Clinical Trials Information System (CTIS)**  
Nil known

**Protocol serial number**

AX01

## Study information

**Scientific Title**

Efficacy study of a food supplement based on arabinoxylans obtained from barley on the reduction of postprandial glycemc response in healthy subjects: a monocentric, randomized, cross-over, double-blind, placebo-controlled clinical trial

**Acronym**

AX

**Study objectives**

The aim of this study was to demonstrate that arabinoxylans obtained from barley are able to reduce post-prandial blood glucose in healthy subjects.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved 12/04/2021, the Ethics Committee of ASL Napoli 1 CENTRO (Via Comunale del Principe, 13/A, 80145, Napoli, Italy; +39 (0)812544495; comitatoetico@aslnapoli1centro.it), ref: Prot n° 222

**Study design**

Interventional monocentric randomized cross-over double-blind placebo-controlled clinical trial

**Primary study design**

Interventional

**Study type(s)**

Prevention

**Health condition(s) or problem(s) studied**

Postprandial glycaemic responses

**Interventions**

The subjects recruited in the present clinical study consume a bakery product (breadsticks) characterized by a high content of available carbohydrates (76.5% of available carbohydrates). In addition to the bakery products, in one case, the subjects consume a soluble granulate in a stick-pack containing the bioactive compound to be dissolved in a glass of water (STANDARD MEAL + arabinoxylans - AX obtained from barley), and in the other case, a soluble granulate in stick-pack containing microcrystalline cellulose to be dissolved in a glass of water (STD MEAL + placebo). Specifically, first the subject consumes the food supplement containing arabinoxylans or microcrystalline cellulose and immediately thereafter the subject consumes a bakery product with plenty of water (500 ml).

The randomization sequence is generated by a statistician using STATA 16 software (Stata Statistical Software: Release 16. College Station, TX: StataCorp LLC) and the randomization list is

kept hidden. The participants are assigned to each of the two treatment groups (STD MEAL + AX and STD MEAL + placebo) casually and by simple randomisation (1:1 allocation ratio). The randomization code will consist of a three-digit number as indicated in the respective Case Report Form (CRF).

In the clinical study, 40 participants were enrolled and divided into two groups (20 for each group):

Group 1: food supplement containing AX obtained from barley and then, after wash-out placebo

Group 2: placebo and then after wash-out a food supplement containing AX obtained from barley

Participants attend two visits (baseline = t0 and after a 5-day wash-out period = t6) in an outpatient setting. After each clinical visit, all data are filled in the case report form (CRF) by physicians. The clinical trial design is reported below:

**Baseline visit (t0):**

1. Initially subjects underwent a fasting blood draw
2. Subsequently subjects consumed the STD MEAL + AX or the STD MEAL + placebo
3. 15 minutes after ingestion of the bakery product, subjects underwent blood samples to measure glycemia and insulinemia at 15, 30, 60, 90, and 120 minutes after the intake of the treatment and breadsticks

This step was followed by a 5-day wash-out period (in which subjects took no treatment), prior to cross-over of treatments. After the 5-day wash-out period (t6) each subject in the two groups underwent blood sampling again (at the times indicated for t0) for measurement of fasting blood glucose and insulin, subsequently, after ingestion of STD MEAL+ placebo or STD MEAL + AX (according to a cross-over design).

Therefore, the data acquired are information on the sociodemographic, clinical and symptomatologic characteristics of the participants (at t0), glycemia and insulinemia (at t0 and t6).

## **Intervention Type**

Supplement

## **Primary outcome(s)**

Postprandial blood glucose evaluated using blood tests following blood sampling at t0 (on an empty stomach and at 15, 30, 60, 90, and 120 minutes after intake of the treatment and breadsticks) and after 5 days of the wash-out period (in which subjects took no treatment), prior to cross-over of treatments (at the times indicated for t0)

## **Key secondary outcome(s)**

Postprandial insulinemic response evaluated using blood tests following blood sampling at t0 (on an empty stomach and at 15, 30, 60, 90, and 120 minutes after intake of the treatment and breadsticks) and after 5 days of the wash-out period (in which subjects take no treatment), prior to cross-over of treatments (at the times indicated for t0)

## **Completion date**

05/02/2022

## **Eligibility**

**Key inclusion criteria**

1. Healthy subjects, according to what was determined by the clinical history and by the information provided during the recruitment
2. Aged between 18 and 65 years
3. Non-smokers
4. Subjects able to understand and to sign the Informed Consent

**Participant type(s)**

Healthy volunteer

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

40

**Key exclusion criteria**

1. Subjects with type 1 or 2 diabetes
2. Subjects with fasting blood glucose >110 mg/dl
3. Subjects with blood pressure values >160/100 mmHg
4. Subjects with metabolic disorders
5. Subjects with endocrine, cardiovascular, pulmonary, renal or gastrointestinal diseases, which may interfere with the results of the study
6. Subjects with sensitivity, intolerance or allergy to products used in the clinical trial
7. Pregnant or lactating women
8. Subjects who have donated blood in the 3 months prior to recruitment
9. Subjects under pharmacological treatment, with drugs that could interfere with the study, such as alpha-glucosidase inhibitors (acarbose etc), insulin-sensitive drugs (metformin etc), sulfaniluree, cholesterol medications, and any other medications that the physician does not deem compatible with the study
10. Subjects who were taking food supplements that could interfere with the study, such as products high in vitamins and minerals (>200% VNR), B vitamins, C vitamin, calcium, zinc, copper, chromium, iodine, iron, magnesium, manganese, phosphorus, essential fatty acid products, botanicals, and any other products that the physician does not deem compatible with the study.

**Date of first enrolment**

09/09/2021

**Date of final enrolment**

03/12/2021

# Locations

## Countries of recruitment

Italy

## Study participating centre

### Comegen

Viale Maria Bakunin 41

Naples

Italy

80126

# Sponsor information

## Organisation

HEALLO s.r.l.

# Funder(s)

## Funder type

Industry

## Funder Name

HEALLO s.r.l.

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study will be published as a supplement to the subsequent results publication

## IPD sharing plan summary

Published as a supplement to the results publication

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		21/09/2022	18/10/2022	Yes	No